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Children Can Teach Other Children

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I have a friend named Kevin. He is 15 years old and a very sweet and gentle boy. He has severe mental retardation and needs dialysis five times a day. I like to read to him, play games with him, and take him for rides around the neighborhood in his stroller. He has some special problems like banging his head, pulling his hair, and eating through a tube. I enjoy being with him, and I want other children to enjoy him, too. He does not go to school with other children anymore; a teacher comes to his house. Since he does not have a chance to be around people very much, I want to help him make friends.

I did a second-grade science project to test the following hypotheses:

- Teaching will help children *know more about what to do* when they are with someone who has severe mental retardation and needs dialysis.
- Teaching will help children *be more comfortable* with someone who has severe mental retardation and needs dialysis.

Procedure

With the second author's help I made a 1-hour videotape of Kevin being cared for by his mother. I was also in the tape, playing with Kevin and helping take care of him. Then, with my mother's help, I wrote a test with 12 questions on it. Six questions asked whether people felt they would *know what to do* if they were asked to take care of six of Kevin's special needs. The other six questions asked whether people thought they would *feel comfortable* in taking care of those six special needs. Some of these needs are holding the tube to feed him, stopping him from banging

his head, and stopping him from pulling his dialysis tube. The answers to each question were on a 1-to-5 scale, with 5 meaning "definitely know what to do" or "definitely feel comfortable."

I pretested seven children from my neighborhood and school who volunteered to help me in my science project. I taught two 30-minute lessons to these children using the videotape. I told them about playing with Kevin and taking care of him and I answered their questions. I read them some of my diary that I kept when I started visiting Kevin.

I posttested the seven children after the videotape instructions to find out how much they had learned. I took six children (one child was sick) in two different groups to Kevin's house to play with him and showed them how to take care of him. They visited him for about 1 hour. I gave another posttest to each child after the visit.

Findings of My Project

Six questions on the test asked children whether they felt they would know what to do to take care of Kevin. The highest possible score was 30. The average pre- and posttest scores were as follows: pretest = 20.7, postvideo = 28.2, and postvisit = 29.1.

Did my teaching help the kids learn more? I used a Wilcoxon Test to see whether or not the better scores were real improvements. My Wilcoxon score for the postvideo scores was, $T = 0$. To be a real change, the score of the Wilcoxon T must be equal to or less than 2, so this was a significant change. It could happen by accident less than 2 out of 100 times. The better scores for the children after visiting Kevin were also real changes, Wilcoxon $T = 0, p < .02$.

Six questions on the test asked children if they would feel comfortable taking care of Kevin. Again, the highest possible score was 30. The average pre- and posttest scores were as follows: pretest = 15.0, postvideo = 25.7, and postvisit = 25.5. My teaching also caused a significant change in how comfortable the children felt about Kevin (Wilcoxon $T = 1, p < .05$). The children had lower scores after visiting him (.2 of a point), but this was not a significant difference (Wilcoxon $T = 6$). This was a difference that could have been caused by chance.

Conclusions

My conclusions are that: (1) teaching does help children feel that they know more about what to do when they are with someone who has severe mental retardation and needs dialysis; and (2) teaching does help children feel more comfortable with someone who has severe mental retardation and needs dialysis.

I think the children responded well to Kevin because he is easy to get along



Kevin and his new friends.

with even though you have to know a lot to take care of him. He can be a good friend after children learn what to do and get comfortable with him. There are two reasons I was so comfortable with him. The first is that I have a brother with mental retardation. He has taught me a lot about how to handle special needs. Because I want him to have friends, it makes me want to be Kevin's friend. The second reason is that I first met Kevin when I was in preschool 6 years ago and he was in a primary classroom next door. That was before he needed dialysis. I got to see him every day when I was 2 and 3 years old. I learned that people with mental retardation were more like me than they were different. What I learned then stayed with me. I think going to school with children like Kevin helps everyone learn how to be friends.

The children in my science project all enjoyed Kevin, and they want to continue to visit him. When we visit Kevin this summer we will give him strolls around the neighborhood. It

makes me happy that Kevin has more friends. His mother said that he hadn't had as much fun in the past several years as he had when the children visited.

Some adults say that they cannot handle Kevin. They probably could if someone would help them, because the results of my science project show that children can learn what to do and be comfortable. I think everyone can be Kevin's friend. It just takes a little time. This is what I wrote in my diary after a couple of visits with Kevin.

The first time I saw him I was scared because of all the tubes that went into his head and went into his nose. But now I'm not scared at all because he is nice, he's sweet, he doesn't hurt anything, he doesn't break anything and he is just a happy boy that he always was all the time.

I think more children should do science projects on mental retardation and other disabilities. Many children think

the only things that are science are projects on seeds, batteries, and the weather. They need to know that science can mean studying people. Science can solve problems and create happy lives. Just think what could happen if children everywhere taught other children about disabilities and helped them. This is called "Kid Power," and we should get it going in every school.

At the time this article was written, based on her second-grade science project, Katherine Turnbull was a third-grade student at Hillcrest Elementary School in Lawrence, Kansas. G. J. "Buzz" Bronicki is a Research Assistant, Bureau of Child Research, University of Kansas, Lawrence.

The work reported in this article is solely that of the first author except for help from the second author in producing the training video tape, explaining the use of the statistical procedures, and providing suggestions for revising the original manuscript.

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